Department of Health Services Toxic Substances Control Division Sacramento, California

	WASTE MANIFEST C A D 9 8 2 0 3. Generator's Name and Mailing Address	TI 01 11 51 21 01 C	9030	A. State Manifest Document Number				
	COMPETITIVE TRAILERS				88181184			
	8832 Ramona St., Bellflower, CA 90706 4. Generator's Phone (213) 634-2006				B. State Generator's ID			
						الل	وولتراج لسلسا	
	o. So zi vi ib manioui				te Transporter		98.0TO	
	BETTERBILT CHEMICALS, INC. C A	BETTERBILT CHEMICALS, INC. [C A D 9 8 1 6 8 6 2 4 5						
1	o.	o. OS EFA ID NAMEDO			E. State Transporter's ID F. Transporter's Phone			
	Designated Facility Name and Site Address 10.	US EPA ID Number		G. State Facility's ID				
	12504 E. Whittier Blvd.				CIADOLYIZIZIYIJOIQII H. Facility's Phone			
		0042245	9001	21	3) 698-0	991		
	11 US DOT Description (Including Proper Shipping Name, Hazard Class,		12. Cont		13. Total Quantity	14. Unit	l. Wasted	
		and iD Number)	No.	Туре	Coamin	Wt/Ve	ol	
-	WASTE, FLAMMABLE LIQUID N.O.S. UN1993						State 21	
-	MADIE, LIMINADIE DIGOID N.O.S. 001393		- 47	D M	1 1	G	EPA/Other	
	b.		1017		11)11		State DO01	
- 1	<u></u>						State	
			١,,			.	EPA/Other	
1	C		+	-		4	State	
							EPA/Other	
			111	1	111		EPA/Other	
1	d.		1				State	
1							EPA/Other	
-					بليل	<u> </u>		
-	J. Additional Descriptions for Materials Listed Above			K. Ha	indling Codes to	or Wastes b.	Listed Above	
	LIACONTO LIACYT OFFT TANTAN				01		Si	
-	WASTE WASH THINNER			C.		d.		
							1	
1	15 Special Handling Instructions and Additional Information							
	*							
-	USE GLOVES & GOGGLES							
-								
	16							
1	GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international an							
	national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determine							
	to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes it present and tuture threat to human health and the environment; OR, it I am a small quantity generator. I have made a good faith effort to minimize my waste							
	generation and select the best waste management method that is a	vailable to me and that I	can afford.	~ /	dd d good laini	COUNT (O)		
I	Printed/Typed Name	Signature	1	Z			Month Day	
'	JIM LIKENS	1 11 /	1110				1/46	
-+	17 Transporter 1 Acknowledgement of Receipt of Materials	11110					550	
	Printed/Typed Name	Signature S	1	-	7 1 2		Month Day	
- 1	HOMARD STATEMO TO DOLE TORREST	Caa	lai-	10	and		062	
	18. Transporter 2 Acknowledgement of Receipt of Materials							
	Printed/Typed Name	Signature					Month Day	
		ì						
	19. Discrepancy Indication Space			-				
	19. Discrepancy Indication Space							
	19. Discrepancy Indication Space							
		erials covered by this ma	nifest exce	ot as no	ted in Item 19.			
	Discrepancy Indication Space Printed/Typed Name	erials covered by this ma	nifest excel	ot as no	ted in Item 19.		Month Da	
	20. Facility Owner or Operator Certification of receipt of hazardous mate		nifest excep	ot as no	ted in Item 19.	0	Month Da	